

PROJECT 10073 RECORD

| | | |
|--|--|------|
| 1. DATE - TIME GROUP Jul or Aug 1968 time is conflicting | 2. LOCATION Dayton, Ohio | mult |
| 3. SOURCE civilian | 10. CONCLUSION OTHER: CONFLICTING DATA <i>Just</i> | |
| 4. NUMBER OF OBJECTS 1 | A AF Form 117 was sent to the observer, the date of the observation as given on the form was listed as 8 Aug 68. Again it was of a moving star-like obj. The sighting (or sightings) appear to be of a satellite, however, because of the conflict in data | |
| 5. LENGTH OF OBSERVATION see case | 11. BRIEF SUMMARY AND ANALYSIS and time of the sighting the case is being carried as CONFLICTING DATA. | |
| 6. TYPE OF OBSERVATION ground visual | The observer reported to the Duty Officer that on 8 July 1968 he sighted for approximately three minutes a bright, moving, star-like object. | |
| 7. COURSE see case | | |
| 8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| 9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

27. INFORMATION WHICH YOU FEEL IS PERTINENT BUT WHICH IS NOT ADEQUATELY COVERED IN THIS QUESTIONNAIRE, ALTERNATIVELY PROVIDE A NARRATIVE EXPLANATION OF THE SIGHTING.

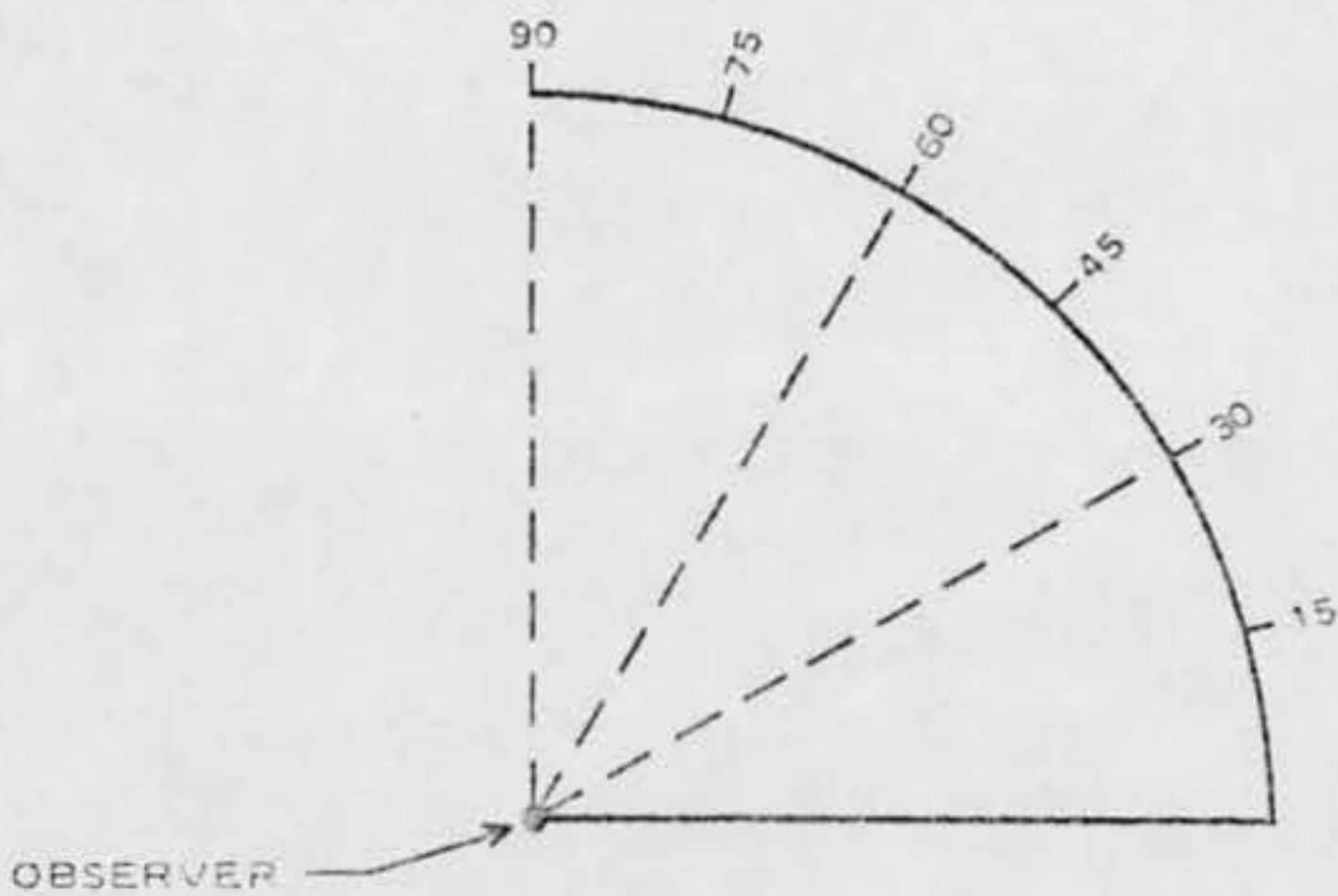
After seeing this thing in a three month
time we set out in our front yard and
look for it every night we see it about
Every other night the time changes

Some time (10:15-10:22) (10:30-10:40) (11:15-11:22)
P.M. P.M. P.P.
(12:15-12:25) 8-14-68 10:35-10:40-P.M.
A.M.

Anybody is welcome to come see
watch with us. will be glad to show
it to them, it is ~~very rare~~

~~Very rare~~
Capt 45429 Chris

Duty Off Report
AFR 80-17(C1)

| SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE | | BUDGET BUREAU APPROVAL NUMBER 21-2253 |
|---|--|--|
| <p>THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, IAW AFR 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)</p> | | |
| <p>1. WHEN DID YOU SEE THE PHENOMENON? DAY <u>8</u> MONTH <u>July</u> YEAR <u>68</u></p> | | |
| <p>2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON? HOUR <u>11:20</u> MINUTES <u>00</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.</p> | | |
| <p>3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON? HOUR <u>10:20 PM</u> MINUTES <u>20</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.</p> | | |
| <p>4. TIME ZONE <input checked="" type="checkbox"/> DAYLIGHT SAVINGS <input type="checkbox"/> STANDARD <input type="checkbox"/> EASTERN <input type="checkbox"/> CENTRAL <input type="checkbox"/> MOUNTAIN <input type="checkbox"/> PACIFIC <input type="checkbox"/> OTHER</p> | | |
| <p>5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.</p> <p style="text-align: center; margin-top: 20px;"><i>West Day Center Residence [REDACTED]</i></p> | | |
| <p>6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.</p> <div style="text-align: center; margin-top: 20px;">  </div> | | |

10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

ON 6-7 DAYS

11. CONDITIONS (Check appropriate blocks.)

| A. SKY | | B. WEATHER | | | |
|-------------------------------------|---------------------|--------------------------|--|--------------------------|-----------------------|
| <input type="checkbox"/> | DAY | <input type="checkbox"/> | CUMULUS CLOUDS (<i>Low fluffy</i>) | <input type="checkbox"/> | FOG OR MIST |
| <input type="checkbox"/> | TWILIGHT | <input type="checkbox"/> | CIRRUS CLOUDS (<i>High fleecy or Herring-bone</i>) | <input type="checkbox"/> | HEAVY RAIN |
| <input checked="" type="checkbox"/> | NIGHT | <input type="checkbox"/> | | <input type="checkbox"/> | LIGHT RAIN OR DRIZZLE |
| <input checked="" type="checkbox"/> | CLEAR | <input type="checkbox"/> | NIMBUS CLOUDS (<i>Rain</i>) | <input type="checkbox"/> | HAIL |
| <input type="checkbox"/> | PARTLY CLOUDY | <input type="checkbox"/> | CUMULONIMBUS CLOUDS (<i>Thunderstorms</i>) | <input type="checkbox"/> | SNOW OR SLEET |
| <input type="checkbox"/> | COMPLETELY OVERCAST | <input type="checkbox"/> | | <input type="checkbox"/> | UNKNOWN |
| <input type="checkbox"/> | | <input type="checkbox"/> | HAZE OR SMOG | <input type="checkbox"/> | NONE OF THE ABOVE |

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

| (1) STARS | | (2) MOON | | | |
|-------------------------------------|---------|----------|--------------------------|-------------------------------------|--------------|
| | NONE | | BRIGHT MOONLIGHT | <input checked="" type="checkbox"/> | NO MOONLIGHT |
| | A FEW | | MOON WITH HALO | | UNKNOWN |
| <input checked="" type="checkbox"/> | MANY | | MOON HIDDEN BY CLOUDS | | |
| | UNKNOWN | | PARTIAL (New or quarter) | | |

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☐ YES ☐ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

| | | | | | |
|--------------------------|-----------------|--------------------------|---------------|--------------------------|----------------------|
| <input type="checkbox"/> | IN FRONT OF YOU | <input type="checkbox"/> | TO YOUR RIGHT | <input type="checkbox"/> | OVERHEAD (Near noon) |
| <input type="checkbox"/> | IN BACK OF YOU | <input type="checkbox"/> | TO YOUR LEFT | <input type="checkbox"/> | UNKNOWN |

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

Street Light

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

white (moving star)

| | | | |
|--|------------------------------------|--|--|
| 8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.) | | | |
| <input checked="" type="checkbox"/> OUTDOORS | | <input type="checkbox"/> IN BUSINESS SECTION OF CITY | |
| <input type="checkbox"/> IN BUILDING | | <input checked="" type="checkbox"/> IN RESIDENTIAL SECTION OF CITY | |
| <input type="checkbox"/> IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER | | <input type="checkbox"/> IN OPEN COUNTRYSIDE | |
| <input type="checkbox"/> IN BOAT | | <input type="checkbox"/> NEAR AIRFIELD | |
| <input type="checkbox"/> IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER | | <input type="checkbox"/> FLYING OVER CITY | |
| <input type="checkbox"/> OTHER | | <input type="checkbox"/> FLYING OVER OPEN COUNTRY | |
| | | <input type="checkbox"/> OTHER | |
| A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING: | | | |
| WHAT DIRECTION WERE YOU MOVING? <i>No</i> | | HOW FAST WERE YOU MOVING? <i>No</i> | |
| <input type="checkbox"/> NORTH | <input type="checkbox"/> EAST | DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| <input type="checkbox"/> SOUTH | <input type="checkbox"/> WEST | | |
| <input type="checkbox"/> NORTHEAST | <input type="checkbox"/> SOUTHEAST | | |
| <input type="checkbox"/> NORTHWEST | <input type="checkbox"/> SOUTHWEST | | |
| EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6. | | | |
| DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN. | | | |
| HOW MUCH OTHER TRAFFIC WAS THERE? | | | |
| DID YOU NOTICE ANY AIRPLANES? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON. | | | |
| | | | |
| 9. HOW LONG WAS THE PHENOMENON IN SIGHT? | | | |
| LENGTH OF TIME | <i>3 MIN</i> | <input type="checkbox"/> CERTAIN OF TIME | <input type="checkbox"/> NOT VERY SURE |
| | | <input checked="" type="checkbox"/> FAIRLY CERTAIN | <input type="checkbox"/> JUST A GUESS |
| HOW WAS TIME DETERMINED? <i>Guess</i> | | | |
| WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES. | | | |
| | | | |

15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.

16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.

larger than match
(like bright star)

| 13. | DID THE PHENOMENON | YES | NO | UNKNOWN |
|-----|---------------------------------|-----|----|---------|
| | MOVE IN A STRAIGHT LINE? | X | | |
| | STAND STILL AT ANYTIME? | | X | |
| | SUDDENLY SPEED UP AND RUN AWAY? | | X | |
| | BREAK UP IN PARTS AND EXPLODE? | | X | |
| | CHANGE COLOR? | | X | |
| | GIVE OFF SMOKE? | | X | |
| | CHANGE BRIGHTNESS? | | X | |
| | CHANGE SHAPE? | | X | |
| | FLASH OR FLICKER? | | X | |
| | DISAPPEAR AND REAPPEAR? | | X | |
| | SPIN LIKE A TOP? | | X | |
| | MAKE A NOISE? | | X | |
| | FLUTTER OR WOBBLE? | | X | |

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

Saw called out

A. HOW DID IT FINALLY DISAPPEAR?

*Dipped out*B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?
☐ YES ☒ NO. IF "YES," DESCRIBE.

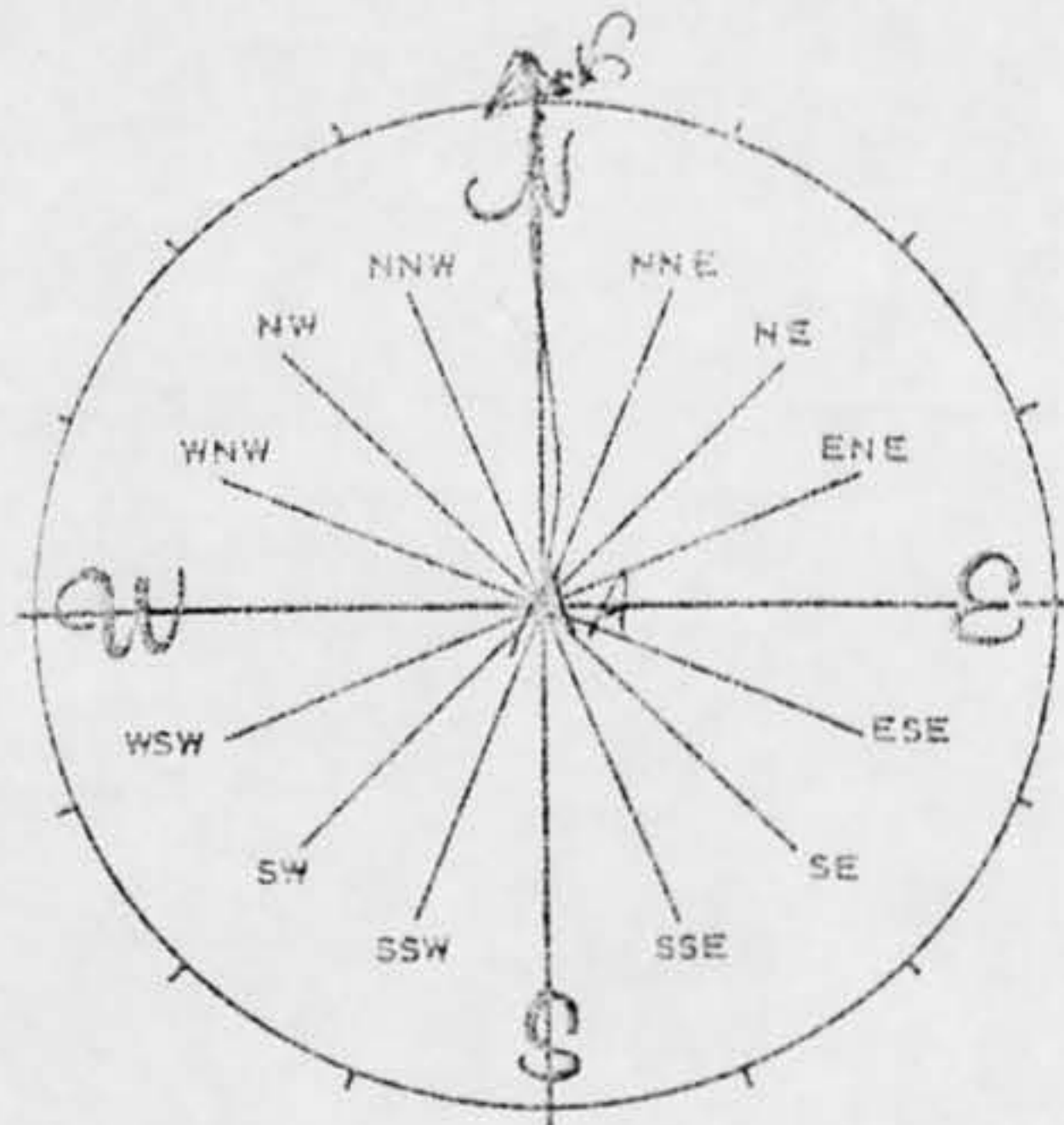
| | | | |
|--|-----------|-------------|--|
| 22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," GIVE DATE AND LOCATION. | | | |
| <i>in front of people</i> | | | |
| 23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DID THEY SEE IT TOO? | | | |
| <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. | | | |
| A. LIST THEIR NAMES AND ADDRESSES | | | |
| <i>Family</i> <i>son</i> <i>Husband</i> | | | |
| 24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF | | | |
| LAST NAME, FIRST NAME, MIDDLE NAME | | | |
| <i>[REDACTED]</i> | | | |
| ADDRESS (Street, City, State and Zip Code) | | | |
| <i>[REDACTED]</i> | | | |
| TELEPHONE (Area code) | | AGE | SEX |
| <i>[REDACTED]</i> | | <i>43</i> | MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> |
| INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT. | | | |
| <i>Housewife</i> | | | |
| 25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON? | | | |
| <i>SD FTD P.O.</i> | | | |
| NAME | DAY | MONTH | YEAR |
| <i>COPT ADLER</i> | <i>22</i> | <i>July</i> | <i>68</i> |
| 26. DATE YOU COMPLETED THIS QUESTIONNAIRE. | | | |
| DAY <i>26</i> MONTH <i>July</i> YEAR <i>68</i> | | | |

| | |
|--|--|
| 17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA. | |
| EYEGASSES | CAMERA VIEWER |
| SUNGLASSES | BINOCULARS |
| WINDSHIELD | TELESCOPE |
| SIDE WINDOW OF VEHICLE | THEODOLITE |
| WINDOWPANE | OTHER |
| A. DO YOU ORDINARILY WEAR GLASSES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | B. DO YOU USE READING GLASSES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED <u>2</u> | 19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE <u>2</u> |
| 20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW. | |
| <p>STAR like object Moving RAPIDLY Seen several times a week.</p> | |
| 21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE. | |
| A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE. | |
| <p>not near ground</p> | |

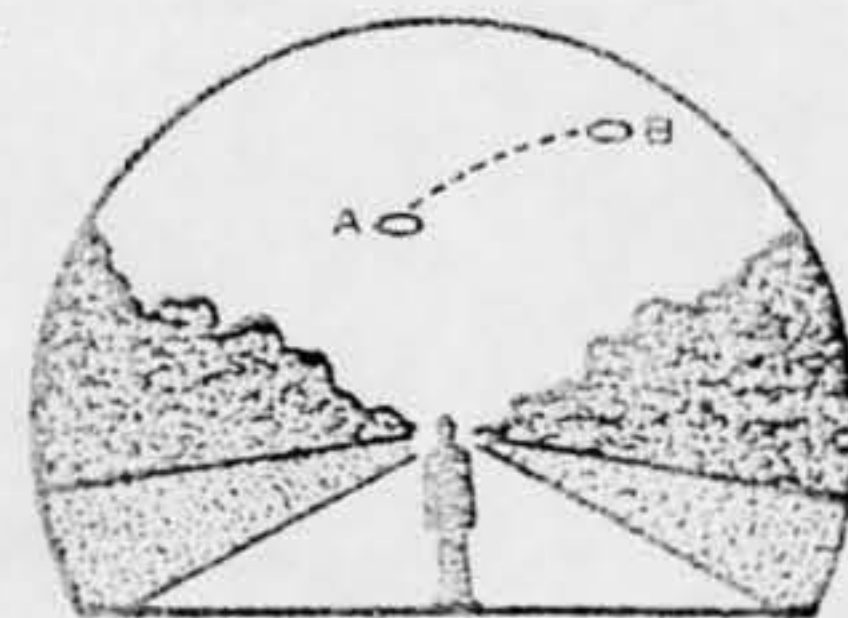
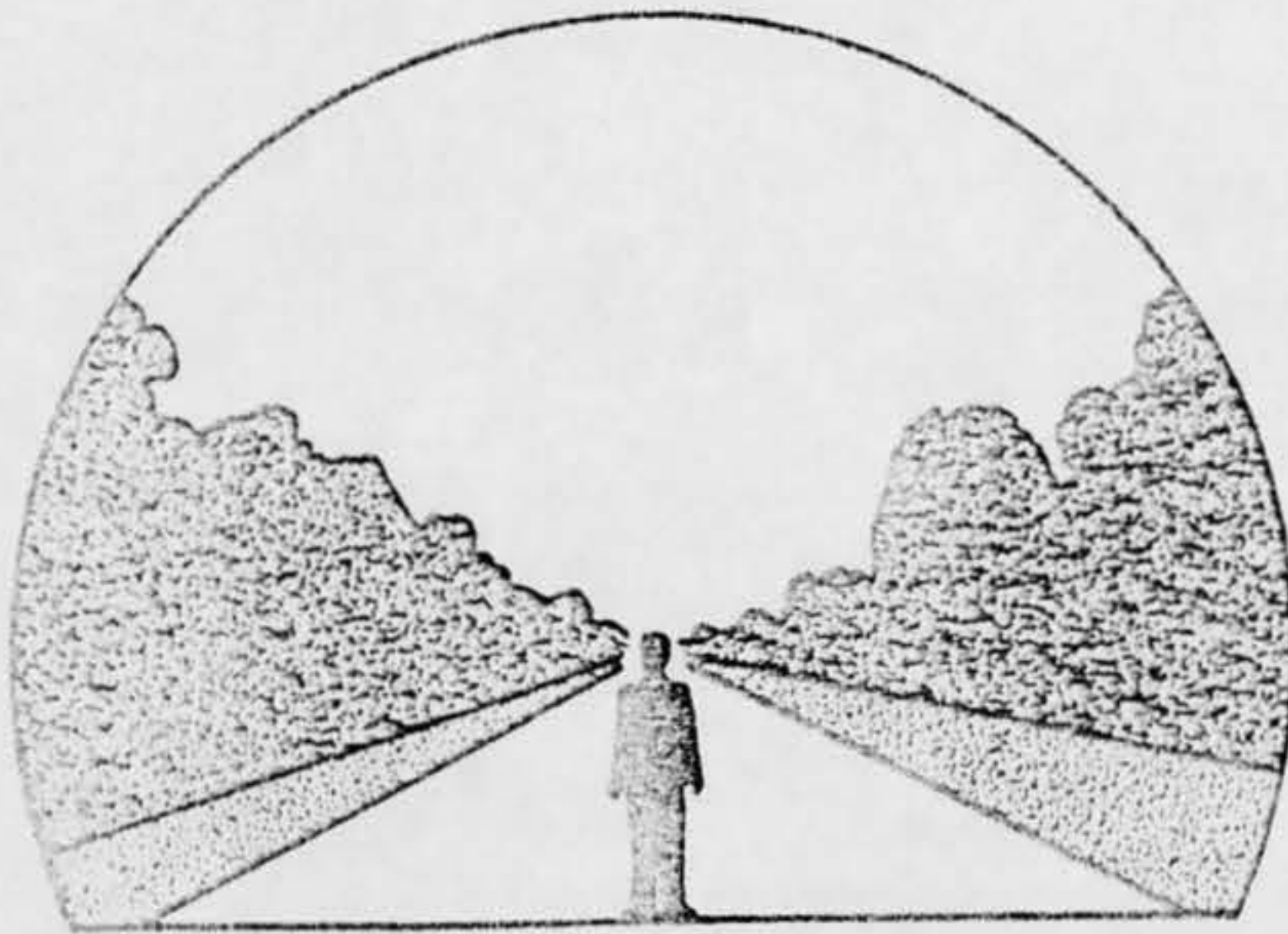
PROJECT 10073 RECORD

| | |
|--|--|
| 1. DATE - TIME GROUP 1 July 68 2/0045Z | 2. LOCATION Dayton, Ohio |
| 3. SOURCE Civilian | 10. CONCLUSION INSUFFICIENT DATA |
| 4. NUMBER OF OBJECTS One | |
| 5. LENGTH OF OBSERVATION Three minutes | 11. BRIEF SUMMARY AND ANALYSIS The observer sighted an oval shaped object that had a blurred ring of red lights then green lights. The object was flat on top and seemed to be spinning. COMMENTS: The observer was requested to complete a 117 but the address as given to the duty officer was incorrect. The description is very similiar to that of the aerial advertiser who was operating in the Dayton area. However without a statement by the observer, the sighting is being carried as Insufficient Data. |
| 6. TYPE OF OBSERVATION Ground-Visual | |
| 7. COURSE N | |
| 8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

6. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.



TO: [REDACTED]
[REDACTED]
Dayton, Ohio 45427

HECTOR QUINTANILLA, Jr, Lt Colonel, USAF
Chief, Aerial Phenomena Office
Aerospace Technologies Division
Production Directorate

1 Atch
AF Form 117 w/envelope

SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL
NUMBER 21-2259

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, IAW AFR 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

1. WHEN DID YOU SEE THE PHENOMENON?

DAY July MONTH _____ YEAR 68

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 0845 MINUTES _____ ☐ A.M. ☒ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 0848 MINUTES _____ ☐ A.M. ☒ P.M.

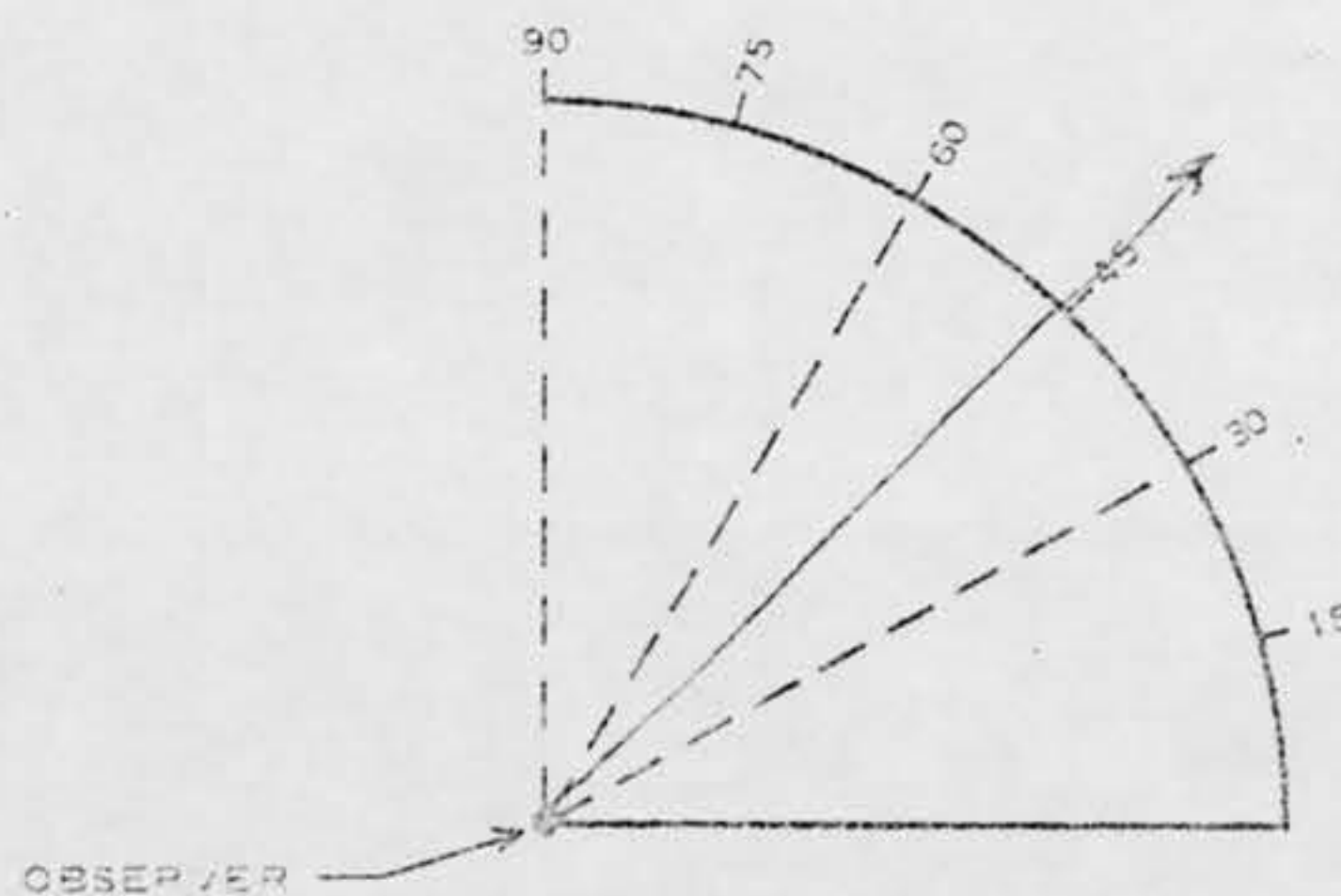
4. TIME ZONE

☒ DAYLIGHT SAVINGS☐ STANDARD☒ EASTERN☐ CENTRAL☐ MOUNTAIN☐ PACIFIC☐ OTHER

5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.

Riding Bike on Adams St About 1/4 mile
From Route 69.

6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH. PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.



| 2. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.) | | | |
|--|-----------|--|--------------------------------|
| <input checked="" type="checkbox"/> OUTDOORS | | | IN BUSINESS SECTION OF CITY |
| IN BUILDING | | | IN RESIDENTIAL SECTION OF CITY |
| IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER | | <input checked="" type="checkbox"/> | IN OPEN COUNTRYSIDE |
| IN BOAT | | | NEAR AIRFIELD |
| IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER | | | FLYING OVER CITY |
| OTHER | | | FLYING OVER OPEN COUNTRY |
| ON BIKE | | | OTHER |
| A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING: | | | |
| WHAT DIRECTION WERE YOU MOVING? | | HOW FAST WERE YOU MOVING? | |
| NORTH | EAST | DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| SOUTH | WEST | | |
| NORTHEAST | SOUTHEAST | | |
| NORTHWEST | SOUTHWEST | | |
| EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6 | | | |
| DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN. | | | |
| BIKE | | | |
| HOW MUCH OTHER TRAFFIC WAS THERE? | | | |
| NOT MUCH | | | |
| DID YOU NOTICE ANY AIRPLANES? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON. | | | |
| NO AIRPLANES | | | |
| 3. HOW LONG WAS THE PHENOMENON IN SIGHT? | | | |
| LENGTH OF TIME | | CERTAIN OF TIME | NOT VERY SURE |
| ABOUT 3 MIN | | FAIRLY CERTAIN | JUST A GUESS |
| HOW WAS TIME DETERMINED? | | | |
| GUESSED NOT TIMED. | | | |
| WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES. | | | |

IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

Just one, BIG THOUGH

| II. CONDITIONS (Check appropriate blocks.) | | | |
|--|--|--|--|
| A. SKY | | B. WEATHER | |
| <input type="checkbox"/> DAY | | <input type="checkbox"/> CUMULUS CLOUDS (Low fluffy) | <input type="checkbox"/> FOG OR MIST |
| <input type="checkbox"/> TWILIGHT | | <input type="checkbox"/> CIRRUS CLOUDS (High fleecy or Herring-bone) | <input type="checkbox"/> HEAVY RAIN |
| <input checked="" type="checkbox"/> NIGHT | | <input type="checkbox"/> NIMBUS CLOUDS (Rain) | <input type="checkbox"/> LIGHT RAIN OR DRIZZLE |
| <input checked="" type="checkbox"/> CLEAR | | <input type="checkbox"/> CUMULONIMBUS CLOUDS (Thunderstorms) | <input type="checkbox"/> HAIL |
| <input type="checkbox"/> PARTLY CLOUDY | | <input type="checkbox"/> HAZE OR SMOG | <input type="checkbox"/> SNOW OR SLEET |
| <input type="checkbox"/> COMPLETELY OVERCAST | | | <input type="checkbox"/> UNKNOWN |
| | | | <input type="checkbox"/> NONE OF THE ABOVE |

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

| (1) STARS | (2) MOON |
|--|---|
| <input checked="" type="checkbox"/> NONE | <input type="checkbox"/> BRIGHT MOONLIGHT |
| <input type="checkbox"/> A FEW | <input type="checkbox"/> MOON WITH HALO |
| <input type="checkbox"/> MANY | <input type="checkbox"/> MOON HIDDEN BY CLOUDS |
| <input type="checkbox"/> UNKNOWN | <input type="checkbox"/> PARTIAL (New or quarter) |

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☒ YES ☐ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

| | | |
|--|--|---|
| <input type="checkbox"/> IN FRONT OF YOU | <input type="checkbox"/> TO YOUR RIGHT | <input type="checkbox"/> OVERHEAD (Near noon) |
| <input type="checkbox"/> IN BACK OF YOU | <input type="checkbox"/> TO YOUR LEFT | <input type="checkbox"/> UNKNOWN |

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

SUN BRIGHT

F. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

COUPL SHAPE, BLUE RING RED LIGHTS,
Then GREEN LIGHTS. FLAT ON TOP
SEEMED TO BE SPINNING

| 13 | DID THE PHENOMENON | YES | NO | UNKNOWN |
|----|---------------------------------|-------------------------------------|-------------------------------------|---------|
| | MOVE IN A STRAIGHT LINE? | <input checked="" type="checkbox"/> | | |
| | STAND STILL AT ANY TIME? | <input checked="" type="checkbox"/> | | |
| | SUDDENLY SPEED UP AND RUN AWAY? | <input checked="" type="checkbox"/> | | |
| | BREAK UP IN PARTS AND EXPLODE? | | <input checked="" type="checkbox"/> | |
| | CHANGE COLOR? | <input checked="" type="checkbox"/> | | |
| | GIVE OFF SMOKE? | | <input checked="" type="checkbox"/> | |
| | CHANGE BRIGHTNESS? | <input checked="" type="checkbox"/> | | |
| | CHANGE SHAPE? | | <input checked="" type="checkbox"/> | |
| | FLASH OR FLICKER? | <input checked="" type="checkbox"/> | | |
| | DISAPPEAR AND REAPPEAR? | | <input checked="" type="checkbox"/> | |
| | SPIN LIKE A TOP? | <input checked="" type="checkbox"/> | | |
| | MAKE A NOISE? | <input checked="" type="checkbox"/> | | |
| | FLUTTER OR WOBBLE? | | | |

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

WAS LOOKING FOR THE MOON
FIRST SAW IT THAN HEARD.

A. HOW DID IT FINALLY DISAPPEAR?

WENT AWAY, FAST

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?
☐ YES ☐ NO. IF "YES," DESCRIBE.

IN FRONT OF A DEAD TREE

13. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.



15. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.

| | |
|--|--|
| 17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA. | |
| EYEGASSES <i>yes</i> | CAMERA VIEWER <i>no</i> |
| SUNGLASSES <i>no</i> | BINOCULARS <i>no</i> |
| WINDSHIELD <i>no</i> | TELESCOPE <i>no</i> |
| SIDE WINDOW OF VEHICLE <i>no</i> | THEODOLITE <i>no</i> |
| WINDOWPANE <i>no</i> | OTHER |
| A. DO YOU ORDINARILY WEAR GLASSES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | B. DO YOU USE READING GLASSES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| 18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED _____ | 19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE _____ |
| 20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW. | |
| 21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DESCRIBE. | |
| <i>Faint Burning Sulphur.</i> | |
| A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. <input type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DESCRIBE. | |
| <i>WIND WAS BLOWING</i> | |

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)
WRIGHT-PATTERSON AIR FORCE BASE OHIO 45433



REPLY TO
ATTN OF:

TDPT (UFO)

JUL 3 1968

SUBJECT:

UFO Observation, 1 July 1968

TO:

[REDACTED]
Dayton, Ohio 45410

Reference your recent unidentified flying object sighting which you reported to the Air Force. The information which we have received is not sufficient for a scientific investigation. Request you complete the attached AF Form 117 and return it in the self-addressed envelope. Thank you for reporting your observation to the Air Force.

FTD (TD-PT (UFO))
WRIGHT-PATTERSON AFB, OHIO 45433
UNITED STATES AIR FORCE
OFFICIAL BUSINESS

REASON CHECKED
Unclassified
Unrestricted
Information address
Not for use in
Do not place in this envelope

POSTAGE AND FEES PAID

FIRST CLASS

NO [REDACTED]
#y [REDACTED]
Dayton, Ohio 45410

FTD FORM JUL 61 383
This form supersedes AFIC Form No. 383, dated Dec 58, which is obsolete.

PROJECT 10073 RECORD

| | |
|--|--|
| 1. DATE - TIME GROUP 6 July 1968 time unk | 2. LOCATION DAYTON, OHIO |
| 3. SOURCE CIVILIAN | 10. CONCLUSION INSUFFICIENT DATA FOR EVALUATION |
| 4. NUMBER OF OBJECTS unk | The observer was requested to complete an AF Form 117 but it has not been returned as of 4 Sep 68/ |
| 5. LENGTH OF OBSERVATION unk | 11. BRIEF SUMMARY AND ANALYSIS No information on sighting. See memo from Duty Officer. |
| 6. TYPE OF OBSERVATION ground visual | |
| 7. COURSE unk | |
| 8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

FORM
FTD SEP 63 0-329 (TDE) Previous editions of this form may be used.

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)
WRIGHT-PATTERSON AIR FORCE BASE OHIO 45433



REPLY TO
ATTN OF

TDPT (UFO)

SUBJECT:

UFO Observation, 6 July 1968

JUL 11 1968

TO:

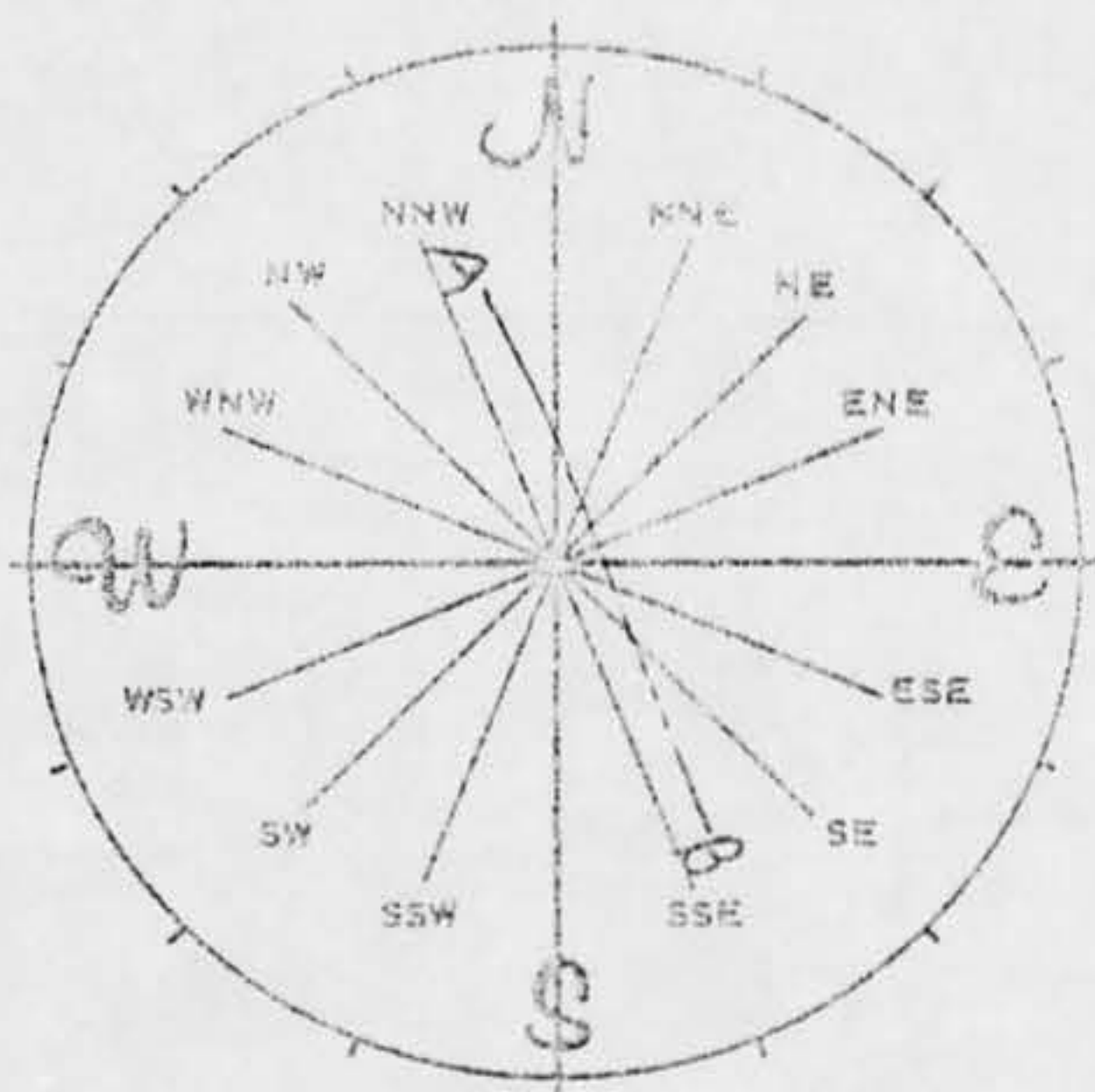
[REDACTED]
45424

Your name has been given to the Aerial Phenomena Office (Project Blue Book) as being a witness to an unidentified flying object. If you were a witness to an UFO sighting on 6 July would you please complete the attached AF Form 117 and return it in the envelope provided. If you were not a witness to this sighting, would you please make a statement to this effect on the attached form. The information which you provide will be used in evaluating this observation. Thank you for your assistance in this matter.

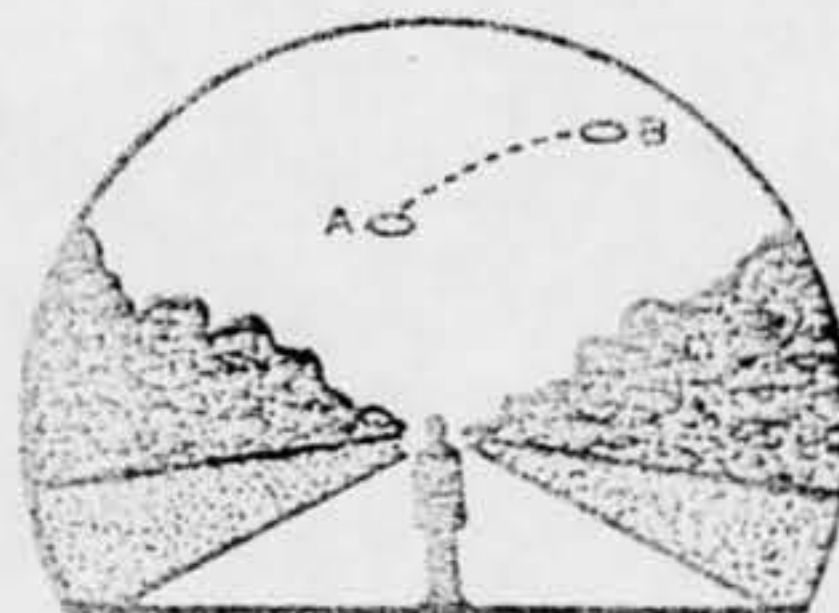
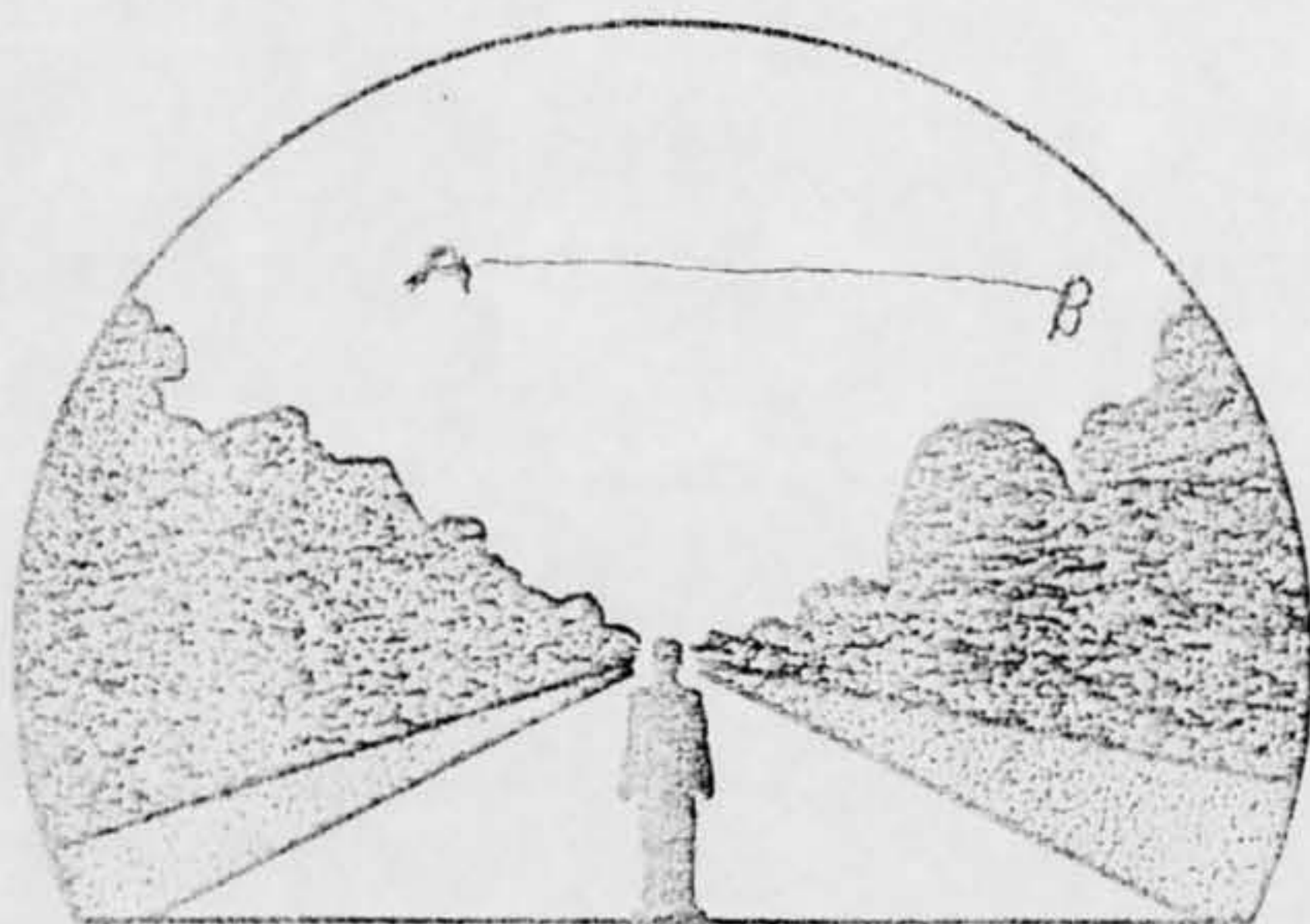
SECTOR QUINTANILLA, Jr, Lt Colonel, USAF
Chief, Aerial Phenomena Office
Aerospace Technologies Division
Production Directorate

1 Atch
AF Form 117 w/envelope

5A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.



~~W. H. Taylor, Ohio~~

W. H. Taylor, Ohio

~~W. H. Taylor, Ohio~~

W. H. Taylor, Ohio

PROJECT 10073 RECORD

| | |
|--|--|
| 1. DATE - TIME GROUP 17 July 68 18/0255Z | 2. LOCATION Dayton, Ohio (4 Witnesses) |
| 3. SOURCE Civilian | 10. CONCLUSION Possible (SATELLITE) <i>JH</i> |
| 4. NUMBER OF OBJECTS One | The description is consistent with that of a satellite or an aircraft with its landing lights on. |
| 5. LENGTH OF OBSERVATION 10 Minutes | 11. BRIEF SUMMARY AND ANALYSIS Observer noticed a light that appeared similar to a star but was moving from N to S. |
| 6. TYPE OF OBSERVATION Ground-Visual | |
| 7. COURSE South | |
| 8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)
WRIGHT-PATTERSON AIR FORCE BASE, OHIO 45433



REPLY TO
ATTN OF:

TDPT (UFO)

JUL 19 1968

SUBJECT:

UFO Observation, 17 July 1968

TO:

[REDACTED]
Dayton, Ohio 45424

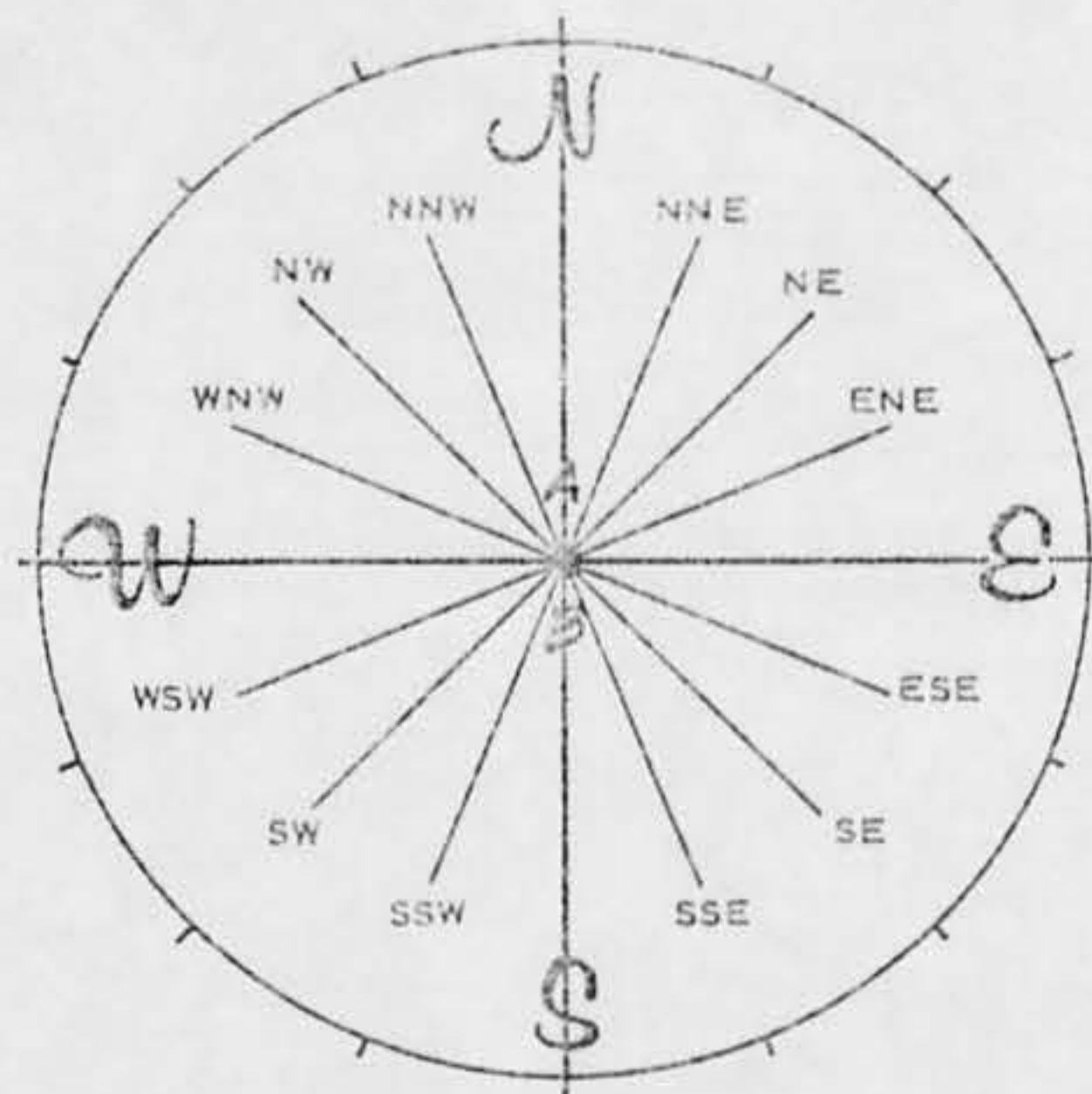
Reference your recent unidentified flying object sighting which you reported to the Air Force. The information which we have received is not sufficient for a scientific investigation. Request you complete the attached AF Form 117 and return it in the self-addressed envelope. Thank you for reporting your observation to the Air Force.

HECTOR QUINTANILLA, Jr, Lt Colonel, USAF
Chief, Aerial Phenomena Office
Aerospace Technologies Division
Production Directorate

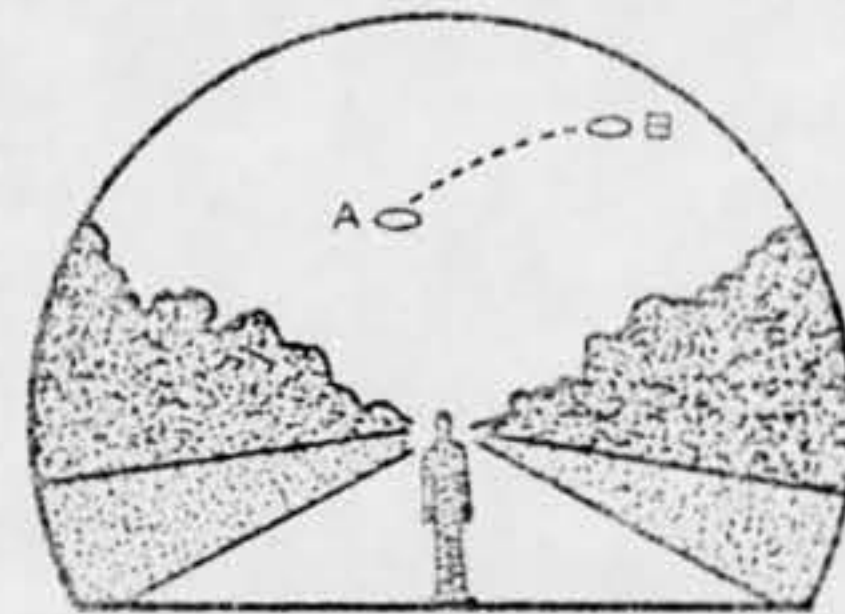
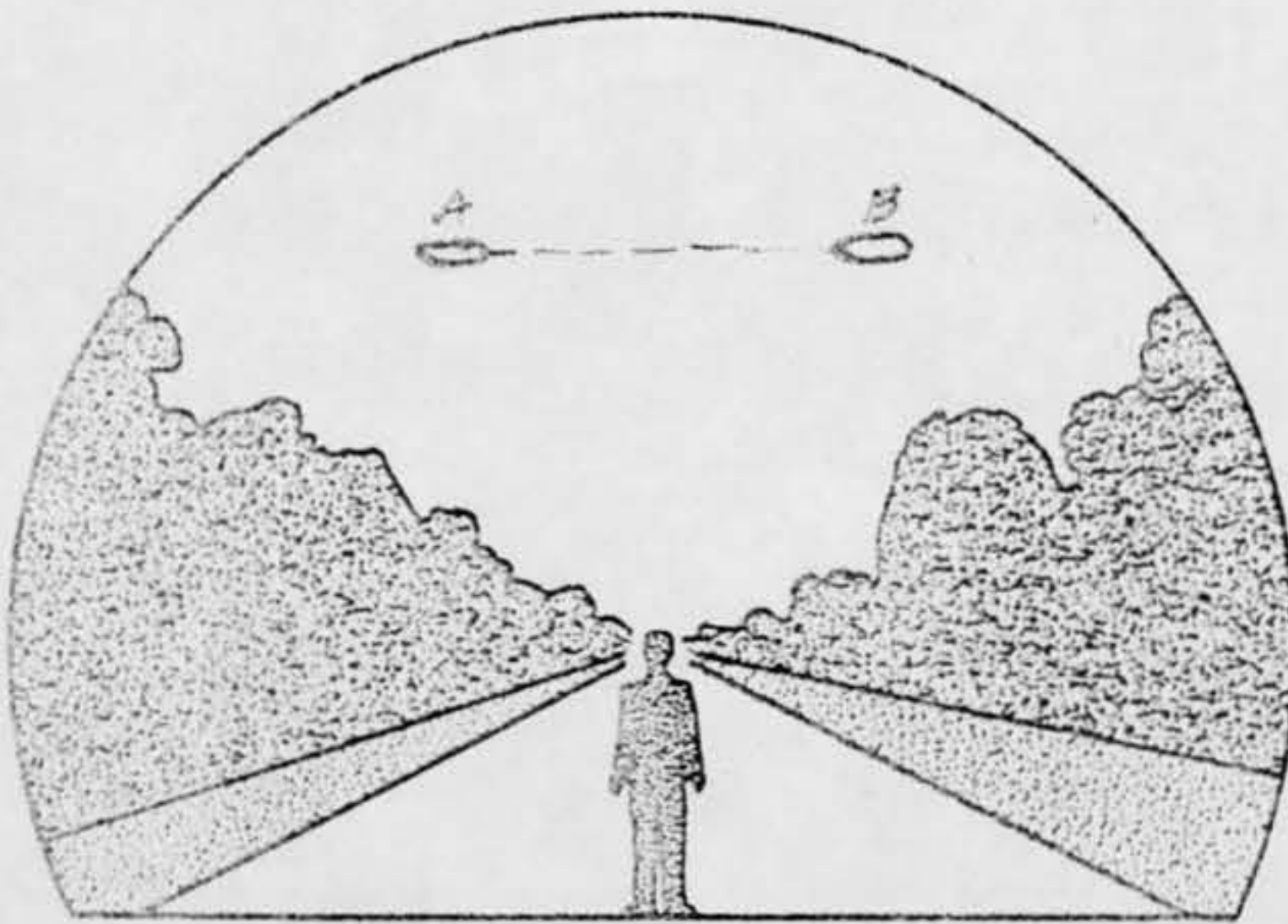
1 Atch
AF Form 117 w/envelope

*Mat one of the Pegasus, Pegasus, or
Echo Satellite.*

6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.



SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL
NUMBER 21-R258

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, IAW AFR 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

1. WHEN DID YOU SEE THE PHENOMENON?

DAY Wed. 17 MONTH July YEAR 1968

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 10 MINUTES 55 ☐ A.M. ☒ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

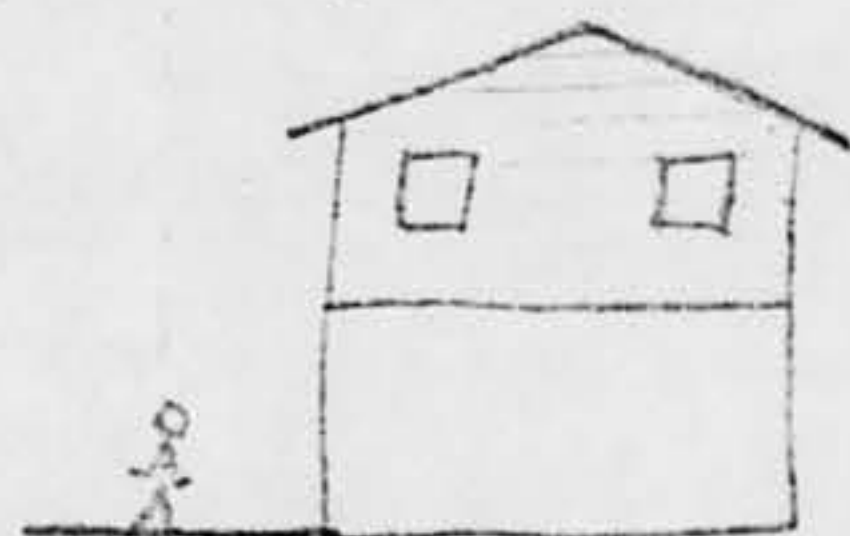
HOUR 11 MINUTES 5 ☐ A.M. ☒ P.M.

4. TIME ZONE

☒ DAYLIGHT SAVINGS☐ STANDARD☐ EASTERN☐ CENTRAL☐ MOUNTAIN☐ PACIFIC☐ OTHER

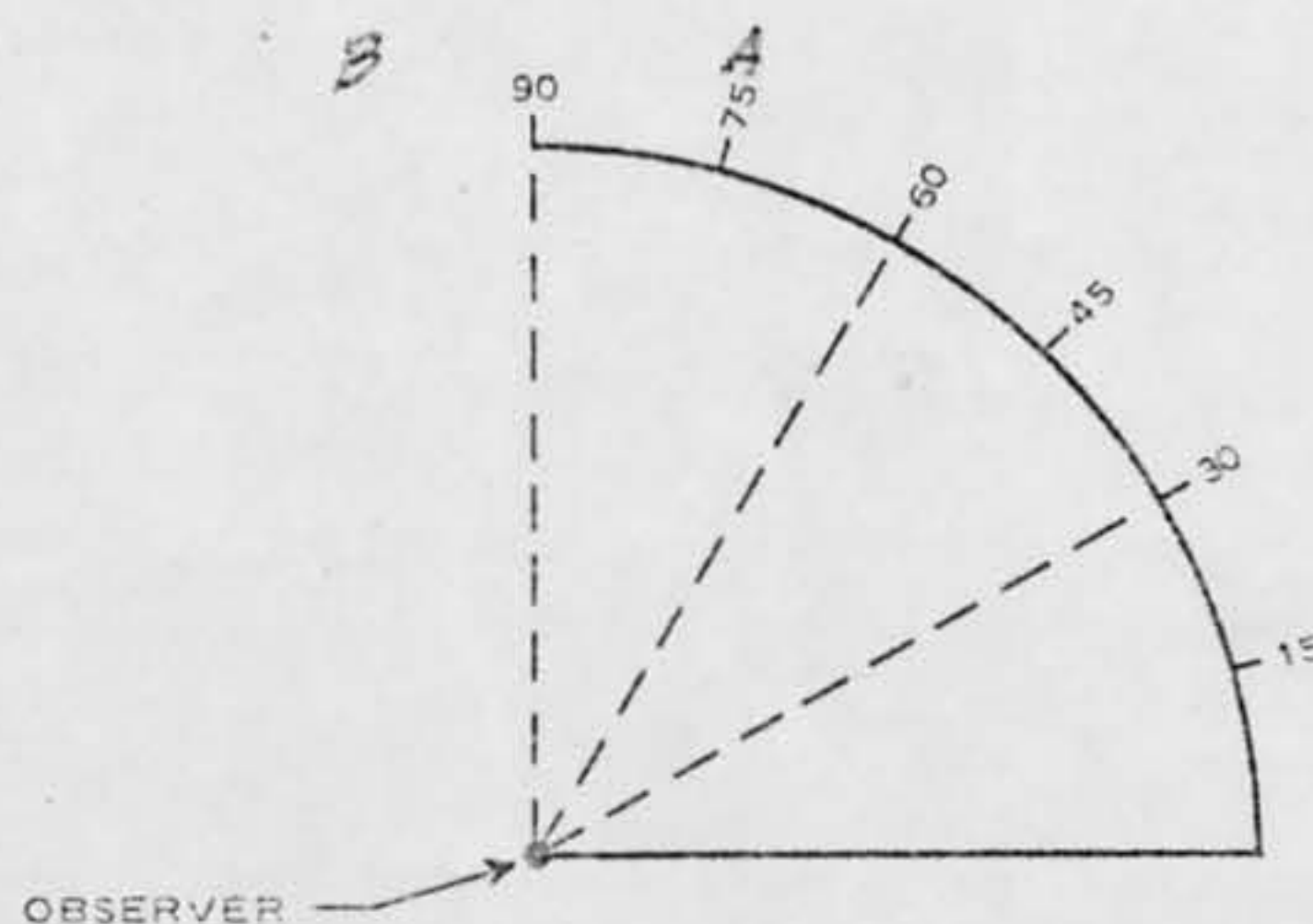
5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.

N 0 5



DAYTON, OHIO

6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.



10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS AND WHAT CHANGE DURING THE SIGHTING?

1/10

CONDITIONS (Check appropriate blocks.)

| | | | |
|---------------------|--|---|-----------------------|
| 11. A. SKY | | B. WEATHER | |
| DAY | | CUMULUS CLOUDS (Low fluffy) | FOG OR MIST |
| TWILIGHT | | CIRRUS CLOUDS (High fleecy or Herring-bone) | HEAVY RAIN |
| X NIGHT | | NIMBUS CLOUDS (Rain) | LIGHT RAIN OR DRIZZLE |
| CLEAR | | CUMULONIMBUS CLOUDS (Thunderstorms) | HAIL |
| X PARTLY CLOUDY | | HAZE OR SMOG | SNOW OR SLEET |
| COMPLETELY OVERCAST | | | UNKNOWN |
| | | | X NONE OF THE ABOVE |

| | | | |
|--|--|--------------------------|--------------|
| C. IF THE SIGHTING WAS AT NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON? | | | |
| (1) STARS | | (2) MOON | |
| NONE | | BRIGHT MOONLIGHT | NO MOONLIGHT |
| A FEW | | MOON WITH HALO | UNKNOWN |
| X MANY | | X MOON HIDDEN BY CLOUDS | |
| UNKNOWN | | PARTIAL (New or quarter) | |

| | | | |
|--|--|---------------|----------------------|
| D. IF SIGHTING WAS IN DAY, WAS THE SUN VISIBLE? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," WHERE WAS THE SUN AS YOU FACED | | | |
| IN FRONT OF YOU | | TO YOUR RIGHT | OVERHEAD (Near noon) |
| IN BACK OF YOU | | TO YOUR LEFT | UNKNOWN |

E. SPECIFY THE MAJOR TERRESTRIAL ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. SPECIFY DISTANCE TO LIGHT SOURCE.

COLEMAN - 8 FEET
CAMP LANTERN

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

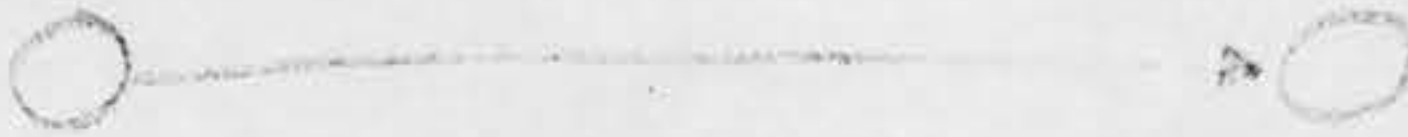
VERY BRIGHT
SELF LUMINOUS
NO COLORS
SOLID
APPEARED ROUND
APPEARED TO BE ANOTHER STAR, BUT APPEARED TO
HAVE PARALLEL TO GROUND.

| | | | |
|--|-------------------------------------|--|---------------|
| 8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.) | | | |
| OUTDOORS <i>ON PATIO</i> | | IN BUSINESS SECTION OF CITY | |
| IN BUILDING | | IN RESIDENTIAL SECTION OF CITY | |
| IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER | | IN OPEN COUNTRYSIDE | |
| IN BOAT | | NEAR AIRFIELD | |
| IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER | | FLYING OVER CITY | |
| OTHER | | FLYING OVER OPEN COUNTRY | |
| | | OTHER | |
| A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING: | | | |
| WHAT DIRECTION WERE YOU MOVING? | | HOW FAST WERE YOU MOVING? | |
| NORTH | EAST | DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| SOUTH | WEST | | |
| NORTHEAST | SOUTHEAST | | |
| NORTHWEST | SOUTHWEST | | |
| EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6 | | | |
| DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN. | | | |
| HOW MUCH OTHER TRAFFIC WAS THERE? | | | |
| DID YOU NOTICE ANY AIRPLANES? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON. | | | |
| 9. HOW LONG WAS THE PHENOMENON IN SIGHT? | | | |
| LENGTH OF TIME | | CERTAIN OF TIME | NOT VERY SURE |
| <i>10 MINUTES</i> | <input checked="" type="checkbox"/> | FAIRLY CERTAIN | JUST A GUESS |
| HOW WAS TIME DETERMINED? <i>TIME WAS GIVEN BY THE PERSONAL AT THE WEBS.</i> | | | |
| WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES. <i>WENT OUT OF SIGHT BEHIND THE HOUSE.</i> | | | |

15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.

NORTH

SOUTH



APPEARED TO BE ANOTHER STAR.

16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.

MOST ALL OF IT.

| 13. | DID THE PHENOMENON | YES | NO | UNKNOWN |
|---------------------------------|--------------------|-----|----|---------|
| MOVE IN A STRAIGHT LINE? | | X | | |
| STAND STILL AT ANYTIME? | | | X | |
| SUDDENLY SPEED UP AND RUN AWAY? | | | X | |
| BREAK UP IN PARTS AND EXPLODE? | | | X | |
| CHANGE COLOR? | | | X | |
| GIVE OFF SMOKE? | | | X | |
| CHANGE BRIGHTNESS? | | | X | |
| CHANGE SHAPE? | | | X | |
| FLASH OR FLICKER? | | | X | |
| DISAPPEAR AND REAPPEAR? | | | X | |
| SPIN LIKE A TOP? | | | X | |
| MAKE A NOISE? | | | X | |
| FLUTTER OR WOBBLE? | | | X | |

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

JUST HAPPENED TO LOOK UP AT THE SKY, AND NOTICED HOW CLEAR IT WAS AT THE TIME, AND AT THE AMOUNT OF STARS THAT WERE VISIBLE, THEN NOTICED THE BRIGHT LIGHT MOVING ACROSS THE SKY. NORTH TO SOUTH.

A. HOW DID IT FINALLY DISAPPEAR?

WENT OUT OF SIGHT BEHIND THE ROOF OF HOUSE.

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?
☒ YES ☐ NO. IF "YES," DESCRIBE.

WHILE I WAS REPORTING THE SIGHTING TO THE W.A.F.B., ANOTHER OBSERVER SAID THAT IT DISAPPEARED BEHIND A CLOUD.

AS FOR MYSELF, SEE 14 A.

SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUREAU APPROVAL
NUMBER 21-R258

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, 1AW AFR 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

1. WHEN DID YOU SEE THE PHENOMENON?

DAY ~~Aug~~ 8 MONTH Aug. YEAR 68

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 10 MINUTES 35 ☐ A.M. ☒ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 10 MINUTES 40 ☐ A.M. ☒ P.M.

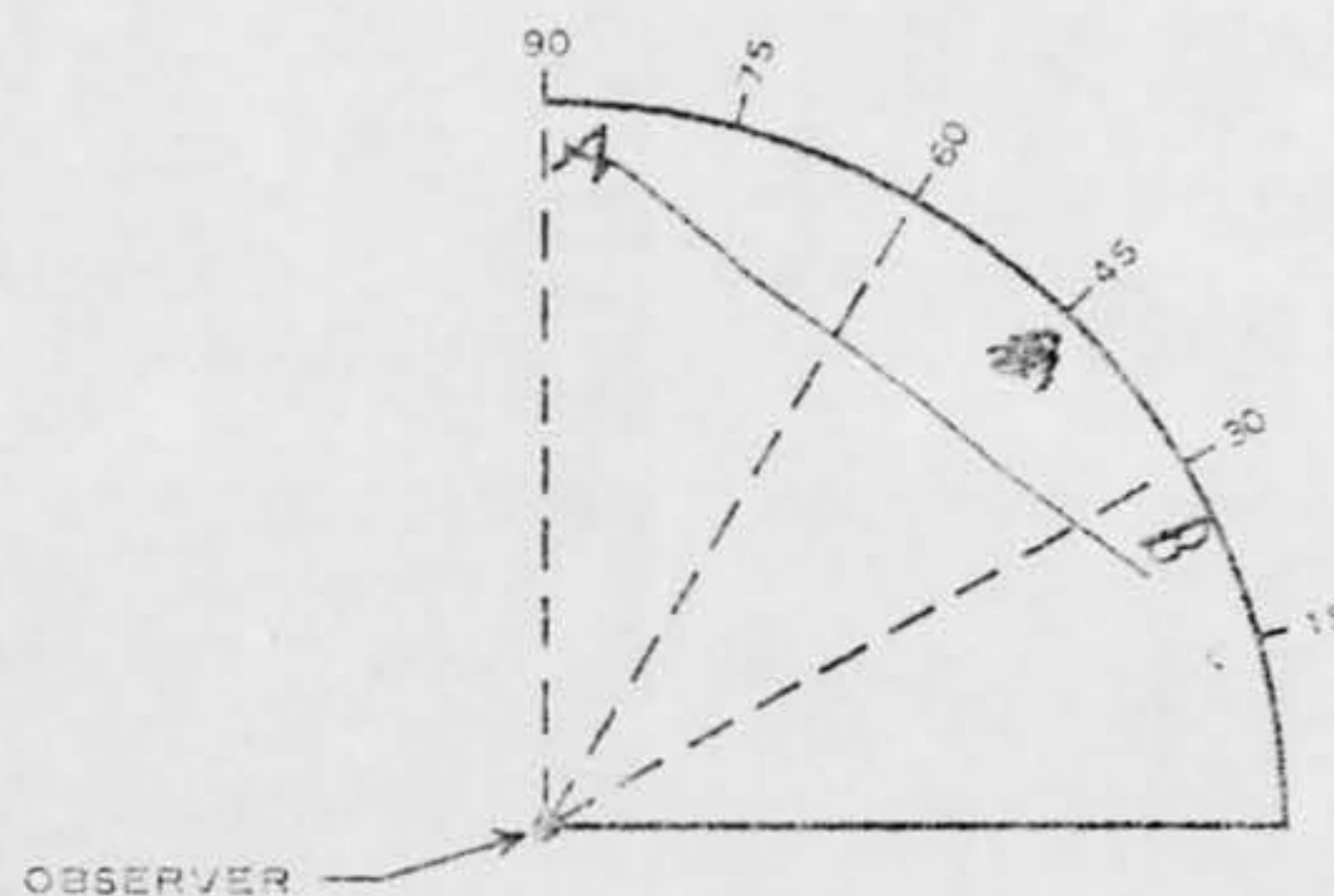
4. TIME ZONE

☒ DAYLIGHT SAVINGS☐ STANDARD☐ EASTERN☐ CENTRAL☐ MOUNTAIN☐ PACIFIC☐ OTHER

5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.

[REDACTED] am in my front yard which is on the
West side of main ave between Oakridge & Sylvan sts.
Was seen 8/14/68 between 10:35-10:40 P.M.

6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH. PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.



22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? ☒ YES ☐ NO. IF "YES," GIVE DATE AND LOCATION.

1968 - Columbus, Ohio

23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? ☒ YES ☐ NO. IF "YES," DID THEY SEE IT TOO?
☒ YES ☐ NO.

A. LIST THEIR NAMES AND ADDRESSES.

[Redacted]
[Redacted]
[Redacted] Dayton, Ohio

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME FIRST NAME MIDDLE NAME

ADDRESS (Street, City, State and Zip Code)

TELEPHONE (Area code and number)

AGE

25

☒ MALE

☐ FEMALE

INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.

25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?

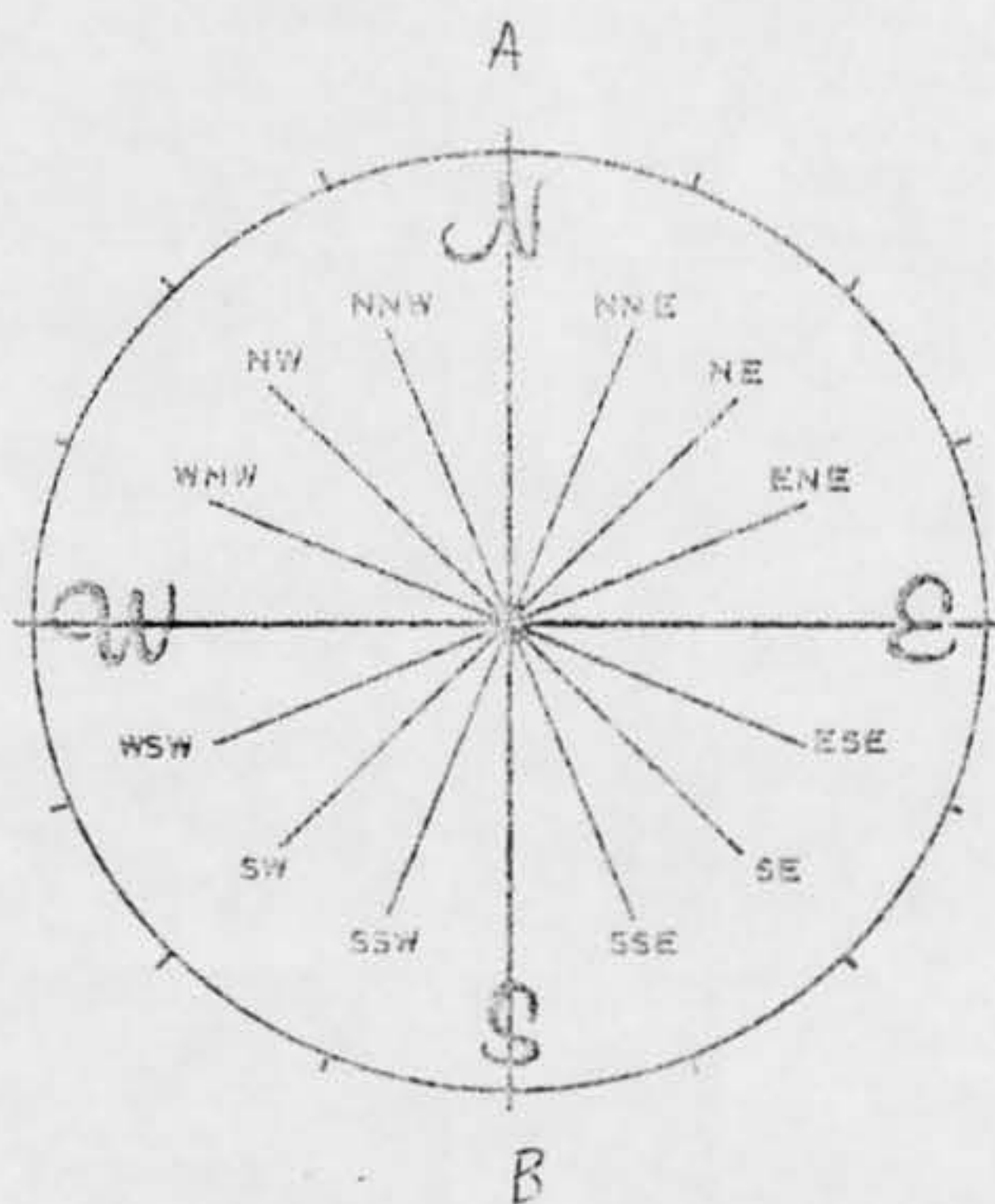
NAME *[Redacted]* DAY *17* MONTH *JULY* YEAR *1968*

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

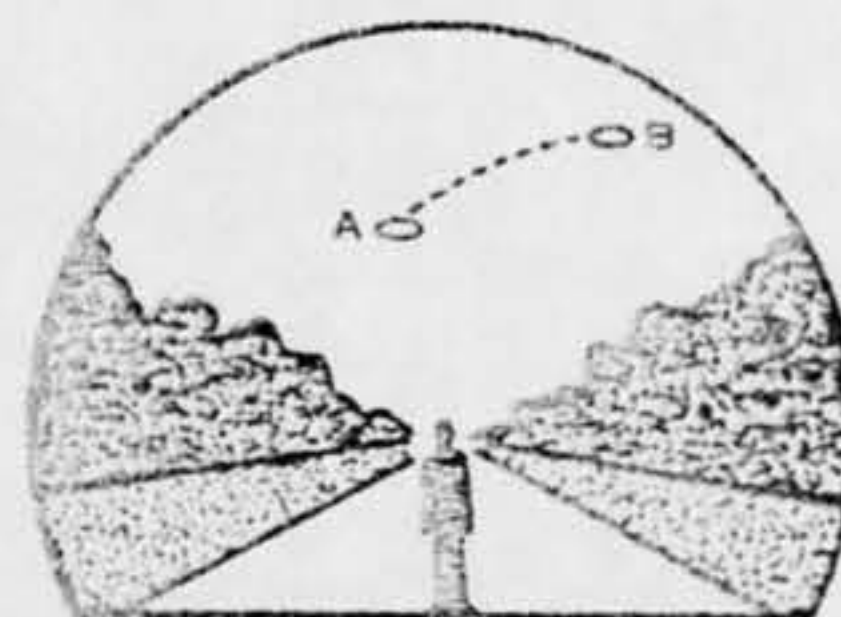
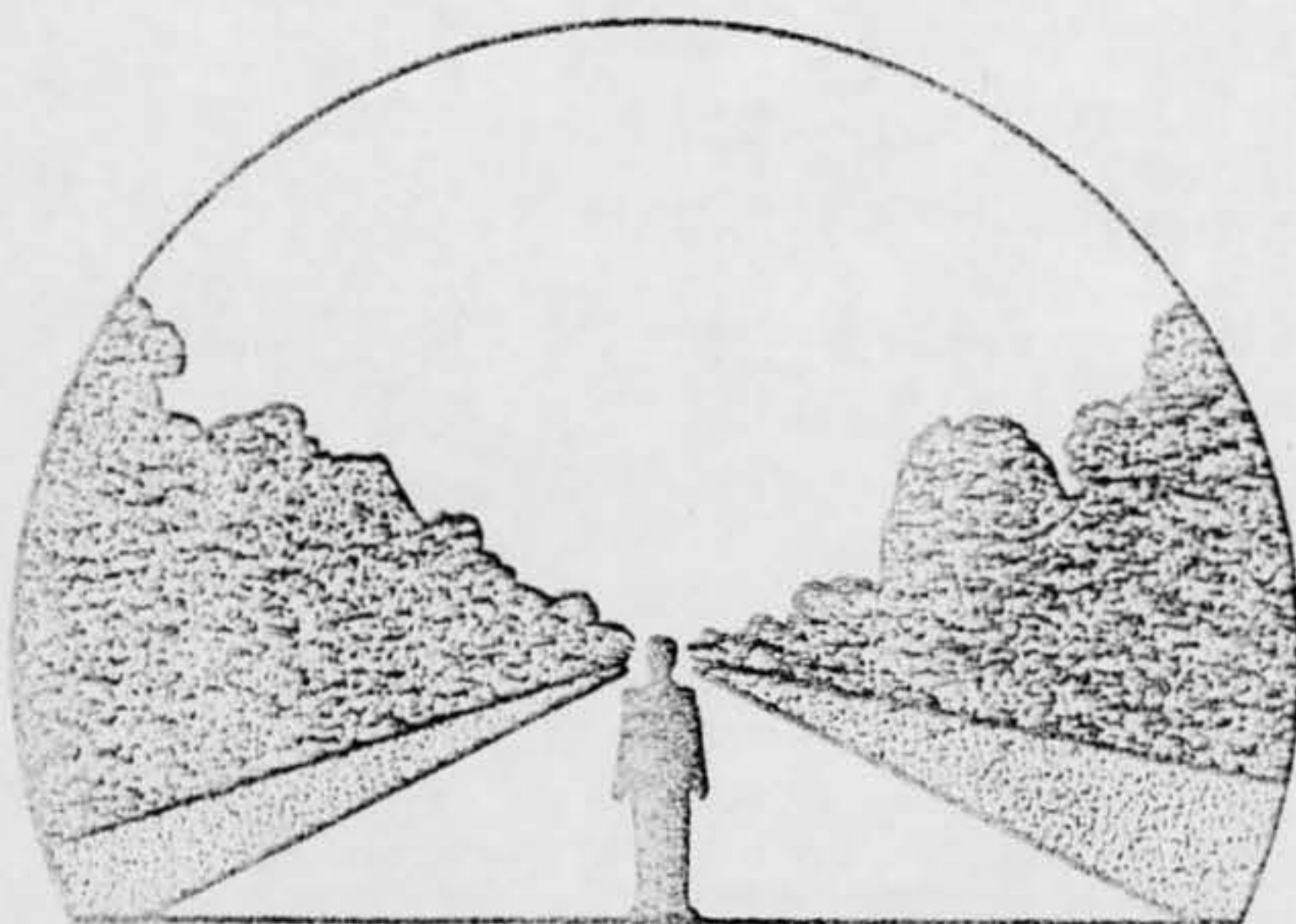
DAY *25* MONTH *JULY* YEAR *1968*

| | |
|--|---|
| 17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA. | |
| <input checked="" type="checkbox"/> EYEGLASSES | <input checked="" type="checkbox"/> CAMERA VIEWER |
| <input checked="" type="checkbox"/> SUNGLASSES | <input checked="" type="checkbox"/> BINOCULARS |
| <input checked="" type="checkbox"/> WINDSHIELD | <input checked="" type="checkbox"/> TELESCOPE |
| <input checked="" type="checkbox"/> SIDE WINDOW OF VEHICLE | <input checked="" type="checkbox"/> THEODOLITE |
| <input checked="" type="checkbox"/> WINDOWPANE | <input checked="" type="checkbox"/> OTHER |
| A. DO YOU ORDINARILY WEAR GLASSES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | B. DO YOU USE READING GLASSES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED <u>5 MPH.</u> | 19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE <u>4000 FT.</u> |
| 20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW. | |
| <p style="text-align: center;">SEEN SATELLITE "ECHO" A FEW YEARS AGO AND APPEARED TO BE THE SAME. VERY BRIGHT.</p> | |
| 21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE. | |
| A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE. | |

6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.



Duty off EpA

AFR 80-17(C1)

| SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE | | BUDGET BUREAU APPROVAL NUMBER 21-2333 |
|---|--|--|
| <p>THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, IAW AFR 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)</p> | | |
| 1. WHEN DID YOU SEE THE PHENOMENON? DAY <u>17</u> MONTH <u>Jul</u> YEAR <u>68</u> | | |
| 2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON? HOUR <u>2200</u> MINUTES <u>55</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. | | |
| 3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON? HOUR <u>2300</u> MINUTES <u>0</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. | | |
| 4. TIME ZONE <input checked="" type="checkbox"/> DAYLIGHT SAVINGS <input type="checkbox"/> STANDARD <input checked="" type="checkbox"/> EASTERN <input type="checkbox"/> CENTRAL <input type="checkbox"/> MOUNTAIN <input type="checkbox"/> PACIFIC <input type="checkbox"/> OTHER | | |
| 5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK. <div style="background-color: black; height: 20px; width: 100%; margin-top: 10px;"></div> | | |
| 6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH. PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN. | | |
| | | |

| WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (IN OR OUT OF CITY) | | | |
|--|---------------------------------------|---|---|
| <input checked="" type="checkbox"/> OUTDOORS | | | <input checked="" type="checkbox"/> IN BUSINESS SECTION OF CITY |
| <input type="checkbox"/> IN BUILDING | | | <input type="checkbox"/> IN RESIDENTIAL SECTION OF CITY |
| <input type="checkbox"/> IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER | | | <input type="checkbox"/> IN OPEN COUNTRY/IDE |
| <input type="checkbox"/> IN BOAT | | | <input type="checkbox"/> NEAR AIRFIELD |
| <input type="checkbox"/> IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER | | | <input type="checkbox"/> FLYING OVER CITY |
| <input type="checkbox"/> OTHER | | | <input type="checkbox"/> FLYING OVER OPEN COUNTRY |
| | | <input type="checkbox"/> OTHER | |
| IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING: | | | |
| WHAT DIRECTION WERE YOU MOVING? | | HOW FAST WERE YOU MOVING? | |
| <input type="checkbox"/> NORTH | <input type="checkbox"/> EAST | | |
| <input type="checkbox"/> SOUTH | <input type="checkbox"/> WEST | DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON? | |
| <input type="checkbox"/> NORTHEAST | <input type="checkbox"/> SOUTHEAST | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| <input type="checkbox"/> NORTHWEST | <input type="checkbox"/> SOUTHWEST | DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON? | |
| | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6. | | | |
| IF SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6, EXPLAIN HOW. | | | |
| DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN. | | | |
| DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN. | | | |
| HOW MUCH OTHER TRAFFIC WAS THERE? NO TRAFFIC | | | |
| IF OTHER TRAFFIC WAS THERE, DESCRIBE IT. | | | |
| DID YOU NOTICE ANY AIRPLANES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON. | | | |
| DID YOU NOTICE ANY AIRPLANES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON. | | | |
| HOW LONG WAS THE PHENOMENON IN SIGHT? | | | |
| LENGTH OF TIME 5 MIN | HOW LONG WAS THE PHENOMENON IN SIGHT? | CERTAIN OF TIME | <input checked="" type="checkbox"/> NO, VERY SURE |
| | | FAIRLY CERTAIN | <input checked="" type="checkbox"/> JUST A GUESS |
| HOW WAS TIME DETERMINED? EST | | FAIRLY CERTAIN | |
| WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES OR PREVIOUS SKETCHES, IF ANY. | | | |
| WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES OR PREVIOUS SKETCHES, IF ANY. | | | |
| Moved QUICKLY FROM A to B similar to ecko sat | | | |

10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

11. CONDITIONS (Check appropriate blocks.)

| A. SKY | | B. WEATHER | |
|--|--|--|--|
| <input type="checkbox"/> DAY | | <input type="checkbox"/> CUMULUS CLOUDS (Low fluffy) | <input type="checkbox"/> FOG OR MIST |
| <input type="checkbox"/> TWILIGHT | | <input type="checkbox"/> CIRRUS CLOUDS (High fleecy or Herring-bone) | <input type="checkbox"/> HEAVY RAIN |
| <input type="checkbox"/> NIGHT | | | <input type="checkbox"/> LIGHT RAIN OR DRIZZLE |
| <input checked="" type="checkbox"/> CLEAR | | <input type="checkbox"/> NIMBUS CLOUDS (Rain) | <input type="checkbox"/> HAIL |
| <input type="checkbox"/> PARTLY CLOUDY | | <input type="checkbox"/> CUMULONIMBUS CLOUDS (Thunderstorms) | <input type="checkbox"/> SNOW OR SLEET |
| <input type="checkbox"/> COMPLETELY OVERCAST | | | <input type="checkbox"/> UNKNOWN |
| | | <input type="checkbox"/> HAZE OR SMOG | <input type="checkbox"/> NONE OF THE ABOVE |

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

| (1) STARS | (2) MOON |
|--|---|
| <input type="checkbox"/> NONE | <input type="checkbox"/> BRIGHT MOONLIGHT |
| <input type="checkbox"/> A FEW | <input checked="" type="checkbox"/> NO MOONLIGHT |
| <input checked="" type="checkbox"/> MANY | <input type="checkbox"/> MOON WITH HALO |
| <input type="checkbox"/> UNKNOWN | <input type="checkbox"/> MOON HIDDEN BY CLOUDS |
| | <input type="checkbox"/> PARTIAL (New or quarter) |

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☐ YES ☐ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

| | | |
|--|--|---|
| <input type="checkbox"/> IN FRONT OF YOU | <input type="checkbox"/> TO YOUR RIGHT | <input type="checkbox"/> OVERHEAD (Near noon) |
| <input type="checkbox"/> IN BACK OF YOU | <input type="checkbox"/> TO YOUR LEFT | <input type="checkbox"/> UNKNOWN |

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

CAMPFIRE LIGHT ONLY

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

as a light

| | | | |
|---|--|---|---|
| WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? | | | |
| <input checked="" type="checkbox"/> ON FOOT | | | |
| <input type="checkbox"/> IN BUILDING | | | |
| <input type="checkbox"/> IN CAR | <input type="checkbox"/> AS DRIVER | <input type="checkbox"/> AS PASSENGER | <input checked="" type="checkbox"/> IN BUSINESS SECTION OF CITY |
| <input type="checkbox"/> IN BOAT | | | |
| <input type="checkbox"/> IN AIRPLANE | <input type="checkbox"/> AS PILOT | <input type="checkbox"/> AS PASSENGER | <input type="checkbox"/> IN RESIDENTIAL SECTION OF CITY |
| <input type="checkbox"/> OTHER | <input type="checkbox"/> IN OPEN COUNTRY | | |
| | | <input type="checkbox"/> NEAR AIRFIELD | |
| | | <input type="checkbox"/> FLYING OVER CITY | |
| | | <input type="checkbox"/> FLYING OVER OPEN COUNTRY | |
| | | <input type="checkbox"/> OTHER | |
| IF YOU WERE IN A VEHICLE COMPLETE THE FOLLOWING: | | | |
| WHAT DIRECTION WERE YOU MOVING? | | HOW FAST WERE YOU MOVING? | |
| <input type="checkbox"/> NORTH | <input type="checkbox"/> EAST | | |
| <input type="checkbox"/> SOUTH | <input type="checkbox"/> WEST | | |
| <input type="checkbox"/> NORTHEAST | <input type="checkbox"/> SOUTHWEST | | |
| <input type="checkbox"/> NORTHWEST | <input type="checkbox"/> SOUTHEAST | | |
| DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON? | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6 | | | |
| DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN. | | | |
| HOW MUCH OTHER TRAFFIC WAS THERE? <i>NO TRAFFIC</i> | | | |
| DID YOU NOTICE ANY AIRPLANES? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON. | | | |
| HOW LONG WAS THE PHENOMENON IN SIGHT? | | | |
| LENGTH OF TIME | HOW LONG WAS THE PHENOMENON IN SIGHT? | CERTAIN OF TIME | NOT VERY SURE |
| <i>5 MIN</i> | | <input type="checkbox"/> FAIRLY CERTAIN | <input checked="" type="checkbox"/> JUST A GUESS |
| HOW WAS TIME DETERMINED? | <i>EST</i> | FAIRLY CERTAIN | |
| WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE CLEAR REASONS ON PREVIOUS SKETCHES. | | | |
| <i>Moved QUICKLY FROM A to B similar to echo sat</i> | | | |

| 13. | DID THE PHENOMENON | YES | NO | UNKNOWN |
|-----|---------------------------------|-----|----|---------|
| | MOVE IN A STRAIGHT LINE? | X | | |
| | STAND STILL AT ANYTIME? | | X | |
| | SUDDENLY SPEED UP AND RUN AWAY? | | X | |
| | BREAK UP IN PARTS AND EXPLODE? | | X | |
| | CHANGE COLOR? | | X | |
| | GIVE OFF SMOKE? | | X | |
| | CHANGE BRIGHTNESS? | | X | |
| | CHANGE SHAPE? | | X | |
| | FLASH OR FLICKER? | | X | |
| | DISAPPEAR AND REAPPEAR? | | X | |
| | SPIN LIKE A TOP? | | X | |
| | MAKE A NOISE? | | X | |
| | FLUTTER OR WOBBLE? | | X | |

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

JUST LOOKING IN SKY

A. HOW DID IT FINALLY DISAPPEAR?

OUT OF VIEW BECAUSE OF OVERHANG OF THE ROOF OF THE HOUSE

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?
☐ YES ☐ NO. IF "YES," DESCRIBE.

MOVED BEHIND THE HOUSE

14. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.

as a star

15. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.

size of star

| | |
|--|--|
| 17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA. | |
| EYEGASSES | CAMERA VIEWER |
| SUNGLASSES | BINOCULARS |
| WINDSHIELD | TELESCOPE |
| SIDE WINDOW OF VEHICLE | THEODOLITE |
| WINDOWPANE | OTHER |
| A. DO YOU ORDINARILY WEAR GLASSES? <input type="checkbox"/> YES <input type="checkbox"/> NO | B. DO YOU USE READING GLASSES? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED <u>100</u> | 19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE <u>5000 ft</u> |
| 20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW. | |
| <p><i>Moving star</i></p> | |
| 21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE. | |
| | |
| A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE. | |
| | |

10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

One

| 11. CONDITIONS (Check appropriate blocks.) | | | |
|--|--|---|--|
| A. SKY | | B. WEATHER | |
| <input type="checkbox"/> DAY | | <input type="checkbox"/> CUMULUS CLOUDS (Low fluffy) | <input type="checkbox"/> FOG OR MIST |
| <input type="checkbox"/> TWILIGHT | | <input type="checkbox"/> CIRRUS CLOUDS (High fleecy or Herringbone) | <input type="checkbox"/> HEAVY RAIN |
| <input checked="" type="checkbox"/> NIGHT | | | <input type="checkbox"/> LIGHT RAIN OR DRIZZLE |
| <input checked="" type="checkbox"/> CLEAR | | <input type="checkbox"/> NIMBUS CLOUDS (Rain) | <input type="checkbox"/> HAIL |
| <input type="checkbox"/> PARTLY CLOUDY | | <input type="checkbox"/> CUMULONIMBUS CLOUDS (Thunderstorms) | <input type="checkbox"/> SNOW OR SLEET |
| <input type="checkbox"/> COMPLETELY OVERCAST | | | <input type="checkbox"/> UNKNOWN |
| | | <input type="checkbox"/> HAZE OR SMOG | <input type="checkbox"/> NONE OF THE ABOVE |

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

| (1) STARS | | (2) MOON | |
|--|--|---|---------------------------------------|
| <input type="checkbox"/> NONE | | <input type="checkbox"/> BRIGHT MOONLIGHT | <input type="checkbox"/> NO MOONLIGHT |
| <input type="checkbox"/> A FEW | | <input type="checkbox"/> MOON WITH HALO | <input type="checkbox"/> UNKNOWN |
| <input checked="" type="checkbox"/> MANY | | <input type="checkbox"/> MOON HIDDEN BY CLOUDS | |
| <input type="checkbox"/> UNKNOWN | | <input type="checkbox"/> PARTIAL (New or quarter) | |

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☐ YES ☐ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

| | | |
|---|--|---|
| <input checked="" type="checkbox"/> IN FRONT OF YOU | <input type="checkbox"/> TO YOUR RIGHT | <input type="checkbox"/> OVERHEAD (Near noon) |
| <input type="checkbox"/> IN BACK OF YOU | <input type="checkbox"/> TO YOUR LEFT | <input type="checkbox"/> UNKNOWN |

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

*Seem to be self-luminous solid bright
shape Round sun-like it was spinning
like a star but moving pretty fast*

| | | | |
|--|--|-----|--|
| 22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," GIVE DATE AND LOCATION. | | | |
| SEEW Echo satellite | | | |
| 23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DID THEY SEE IT TOO? <input type="checkbox"/> YES <input type="checkbox"/> NO. | | | |
| A. LIST THEIR NAMES AND ADDRESSES | | | |
| [REDACTED] | | | |
| 24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF | | | |
| LAST NAME, FIRST NAME, MIDDLE NAME | | | |
| [REDACTED] | | | |
| ADDRESS (Street, City, State and Zip Code) | | | |
| [REDACTED] | | | |
| TELEPHONE (Area code and number) | | AGE | <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE |
| [REDACTED] | | 38 | |
| INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT. | | | |
| no | | | |
| 25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON? | | | |
| NAME DUTY OFFICER | | DAY | MONTH YEAR |
| 26. DATE YOU COMPLETED THIS QUESTIONNAIRE. | | | |
| | | DAY | MONTH YEAR |

| | | | |
|--|------------------------------------|--|--|
| B. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.) | | | |
| <input checked="" type="checkbox"/> OUTDOORS | IN BUSINESS SECTION OF CITY | | |
| <input type="checkbox"/> IN BUILDING | IN RESIDENTIAL SECTION OF CITY | | |
| <input checked="" type="checkbox"/> IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER | IN OPEN COUNTRYSIDE | | |
| <input type="checkbox"/> IN BOAT | NEAR AIRFIELD | | |
| <input type="checkbox"/> IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER | FLYING OVER CITY | | |
| <input type="checkbox"/> OTHER | FLYING OVER OPEN COUNTRY | | |
| | OTHER | | |
| A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING: | | | |
| WHAT DIRECTION WERE YOU MOVING? | | HOW FAST WERE YOU MOVING? | |
| <input type="checkbox"/> NORTH | <input type="checkbox"/> EAST | DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| <input type="checkbox"/> SOUTH | <input type="checkbox"/> WEST | | |
| <input type="checkbox"/> NORTHEAST | <input type="checkbox"/> SOUTHEAST | | |
| <input type="checkbox"/> NORTHWEST | <input type="checkbox"/> SOUTHWEST | | |
| EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6. | | | |
| <i>in our car at the driveway about 8:10, 1968</i> | | | |
| DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN. | | | |
| HOW MUCH OTHER TRAFFIC WAS THERE? | | | |
| DID YOU NOTICE ANY AIRPLANES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON. | | | |
| | | | |
| 3. HOW LONG WAS THE PHENOMENON IN SIGHT? | | | |
| LENGTH OF TIME | <i>7 Minutes</i> | <input checked="" type="checkbox"/> CERTAIN OF TIME | <input type="checkbox"/> NOT VERY SURE |
| | | <input type="checkbox"/> FAIRLY CERTAIN | <input type="checkbox"/> JUST A GUESS |
| HOW WAS TIME DETERMINED? <i>By my Watch</i> | | | |
| WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES. | | | |
| | | | |

| 13. | DID THE PHENOMENON | YES | NO | UNKNOWN |
|-----|---------------------------------|-------------------------------------|-------------------------------------|---------|
| | MOVE IN A STRAIGHT LINE? | <input checked="" type="checkbox"/> | | |
| | STAND STILL AT ANYTIME? | | <input checked="" type="checkbox"/> | |
| | SUDDENLY SPEED UP AND RUN AWAY? | | <input checked="" type="checkbox"/> | |
| | BREAK UP IN PARTS AND EXPLODE? | | <input checked="" type="checkbox"/> | |
| | CHANGE COLOR? | | <input checked="" type="checkbox"/> | |
| | GIVE OFF SMOKE? | | <input checked="" type="checkbox"/> | |
| | CHANGE BRIGHTNESS? | | <input checked="" type="checkbox"/> | |
| | CHANGE SHAPE? | | <input checked="" type="checkbox"/> | |
| | FLASH OR FLICKER? | | <input checked="" type="checkbox"/> | |
| | DISAPPEAR AND REAPPEAR? | | <input checked="" type="checkbox"/> | |
| | SPIN LIKE A TOP? | | | |
| | MAKE A NOISE? | | <input checked="" type="checkbox"/> | |
| | FLUTTER OR WOBBLE? | | <input checked="" type="checkbox"/> | |

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

*my son [redacted] + my wife [redacted]
 the saw in first and got out the led to look
 at it*

A. HOW DID IT FINALLY DISAPPEAR?

it just fade out at a certain point in sky

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?

☐ YES ☒ NO. IF "YES," DESCRIBE.

22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? ☒ YES ☐ NO. IF "YES," GIVE DATE AND LOCATION.
Saw
We saw the U.S. Satellite and some others

23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? ☒ YES ☐ NO. IF "YES," DID THEY SEE IT TOO?
☒ YES ☐ NO.

A. LIST THEIR NAMES AND ADDRESSES.
[REDACTED]
[REDACTED] next door

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME FIRST NAME MIDDLE NAME
[REDACTED]

ADDRESS (Street, City, State and Zip Code)
[REDACTED]

TELEPHONE (Area code and number) [REDACTED] AGE 58 ☒ MALE ☐ FEMALE

INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.
Shipping clerk for the [REDACTED] - Water-Printing Bookbinding Co
114-30 m [REDACTED] Been working for them about
19 years

25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?

NAME *Walter Patterson Information writer* DAY _____ MONTH _____ YEAR 65

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.
DAY 14 MONTH 5 YEAR 65

| | |
|--|--|
| 17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA. | |
| <input checked="" type="checkbox"/> EYEGLASSES | CAMERA VIEWER |
| <input type="checkbox"/> SUNGLASSES | BINOCULARS |
| <input type="checkbox"/> WINDSHIELD | TELESCOPE |
| <input checked="" type="checkbox"/> SIDE WINDOW OF VEHICLE | THEODOLITE |
| <input type="checkbox"/> WINDOWPANE | OTHER |
| A. DO YOU ORDINARILY WEAR GLASSES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | B. DO YOU USE READING GLASSES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED _____ | 19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE _____ |
| 20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW. | |
| <p><i>Look like a star but moving seem to be around</i></p> | |
| 21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE. | |
| <p><i>To high up</i></p> | |
| A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE. | |